

**WEST VIRGINIA BOARD OF EXAMINERS
FOR REGISTERED PROFESSIONAL NURSES
(304) 744-0900 or 1-877-743-NURS(6877)**

INSTRUCTIONS FOR APPLICATION FOR LICENSURE BY EXAMINATION

GENERAL INSTRUCTIONS:

Read all instructions before completing application.
Attach fee to top/front of application with paper clip.
Print clearly in ink or type application. Provide signatures in ink where requested. Please do not use pencil.

APPLICATION PACKET CONTENTS:

The contents of your application packet should include:

- A. Board Licensure Application:
APPLICATION FOR LICENSURE BY EXAMINATION (Form EXAM APP 09/18/13)
- B. Test Service Application: COMPLETE THIS APPLICATION ON LINE. GO TO wvrbboard.wv.gov. SELECT "FORMS" THEN "EXAMINATION APPLICATION" AND FOLLOW THE DIRECTIONS TO ACCESS THE NCLEX-RN CANDIDATE BULLETIN AND APPLICATION. YOU MUST COMPLETE A PEARSON VUE APPLICATION BEFORE YOU WILL RECEIVE YOUR AUTHORIZATION TO TEST.
- C. CRIMINAL BACKGROUND CHECK INFORMATION

APPROVAL/REVIEW OF APPLICATION:

The application will not be reviewed to determine eligibility until all required documents are submitted including the fully completed application, fee, appropriate picture, supporting documents for questions 19-31 if required, and final transcript which indicates the degree conferred and the date of graduation.

DEADLINE:

The application deadline for submitting the Application for Licensure by Examination (Form EXAM APP-09-18-2013) is April 1st for first-time applicants who graduate during the month of May (peak time) in West Virginia. Official, final transcripts are to be submitted by your school as soon as possible after your graduation so the transcript indicates the date of graduation and the degree conferred.

All applicants should allow 30 days for application processing after all required documents are received in the Board Office. Once approved, in approximately 10 business days, the test center will provide more information about scheduling the exam. Examination Application and fee paid to the Board is valid for six months.

APPLICATION FEES:

- A. Board Licensure Fee. The application fee for Licensure by Examination is **\$70.00**. The fee must be in the form of a MONEY ORDER or CASHIER'S CHECK. Personal checks are not acceptable. An application received with incorrect amount of fee or with personal checks will be returned to the applicant. Please make money order or cashier's check payable to: West Virginia Board of Examiners for Registered Professional Nurses.

B. NCLEX-RN Test Service Fee.

Refer to the information in the NCLEX-RN CANDIDATE BULLETIN for information on the amount and form of payment to the test service. This is a separate application and fee and must be submitted before a test date can be selected.

MONEY NOT REFUNDABLE:

Your application fee of \$70.00 is not refundable. Should it be determined that you are not eligible to sit for the licensure examination, your application fee will not be refunded to you.

SUBMISSION OF APPLICATION TO BOARD OFFICE:

Applicants are solely responsible for submitting the application with the fee for licensure by examination to the Board office.

NCLEX-RN TEST SERVICE APPLICATION:

All applicants are to carefully read the information printed in the NCLEX-RN CANDIDATE BULLETIN for instructions on registering for and scheduling of examination. Please note that no applicant will be permitted to schedule and/or sit for the licensing examination until eligibility has been determined by the Board.

TEMPORARY PERMITS:

Temporary permits will be mailed to qualified applicants after their eligibility has been determined. Temporary permits are not available to repeat examination applicants, graduates of nursing programs located in foreign countries, or to veteran applicants. Temporary permits are only available for the time period immediately following graduation from an approved professional nursing program. Such temporary permit becomes invalid at the time a candidate is notified that he or she has failed the licensing examination. In no case is the temporary permit valid for more than a ninety day (90) period from the candidate's graduation date. **You may only practice under the direct supervision of a licensee, until the applicant has successfully passed the NCLEX-RN and a license is issued. Please refer to WV CSR §19-3-4 et. Seq. Which gives the guidelines under which you may practice with a temporary permit.**

INCOMPLETE APPLICATIONS:

If the Application for Licensure by Examination is incomplete, it will be returned to applicant for completion. Should an applicant fail to submit supplemental documentation as requested by the Board, or an official, final transcript is not on file, the application will not be reviewed to determine eligibility status. An application will be considered abandoned if all requested documentation and/or transcripts have not been received in the Board office within six months of the time the application form is received in the Board office.

LINE ITEM INSTRUCTIONS:

1. Provide your full current legal name beginning with your first name, then middle name, and your last name.
2. Provide your maiden name if applicable.
3. Provide your Social Security Number in this space.
4. If applicable, provide any/all other name(s) by which you have been legally recognized.
5. Provide your complete mailing address.
6. Provide your date of birth as documented on your birth certificate.
7. Provide the name of the city and state where your were born as documented on your birth certificate. The Board may request a notarized copy of your birth certificate if necessary.

8. Answer whether or not you are a U.S. citizen.
9. Indicate your gender.
10. Indicate your marital status.
11. Indicate your race or ethnic origin
12. Provide phone numbers where you may be reached during the day.
13. Provide email address if available.
14. Provide the name of the high school you attended.
15. Provide the date you graduated from high school.
16. If you did not graduate from high school, provide the General Education Development (G.E.D.) information. The date of the test.
17. The score on the G.E.D.
18. All portions of this question related to the Nursing Program you attended.
 - (a). Graduates of professional nursing education programs provide the name of the program on this line.
 - (b). Circle the degree type you obtained
 - (c). Provide the date of graduation or anticipated date of graduation from the nursing program as it will appear on your official, final transcript.
 - (d). Provide your student identification number.
 - (e). Provide the program code number for your nursing education program. You may find this code number in the NCLEX-RN REGISTERED NURSE EDUCATION PROGRAM CODES, which was included in your application packet.
 - (f). This line item is only applicable to graduates of nursing programs located outside the United States and U.S. territories. Graduates of nursing education programs outside of U.S. and U. S. territories must provide the certification documentation from the Commission on Graduates of Foreign Nursing Schools (CGFNS) that signifies successful completion of the CGFNS certification examination. **An official letter of confirmation on passing must come directly from CGFNS before the application is complete.** If you have not yet successfully passed this examination, or have not yet taken this examination, you are advised not to complete this application at this time. You are further advised to contact the Commission on Graduates of Foreign Nursing Schools for Information/application on the CGFNS Certification Examination. The address and additional contact information are below:

3600 Market Street, Suite 400
Philadelphia, PA 19104-2651 U.S.A.
Telephone Number (215) - 212-8454
Web address: <http://www.cgfns.org>

An official transcript from our nursing school, written in the English language is requested by the Board along with the descriptions of each nursing course that includes clinical hours completed. The certification II section of the application form must be completed by the program dean/director. Written and verbal competency of the English language is an expectation in order to practice in West Virginia.

19. Indicate whether you have taken the NCLEX-RN before. Provide copies of the results of the exams. All applicants must answer this item. If you answered YES to this question, attach photocopies of all examination results taken in this state or any other state to the back of this application with a paper clip. In addition, if you have previously taken and failed the NCLEX-RN examination, attach a detailed description of all remedial course work undertaken such as review courses, additional formal nursing science course work, etc. to the back of this application. Your application will not be considered complete until all requested documents have been received in the Board office.

SPECIAL ALERT TO REPEAT APPLICANTS: West Virginia Code §30-7-6 states . . . "In the event an applicant shall have failed to pass examinations on two occasions, the applicant shall, in addition to the other requirements of this section, present to the Board such other evidence of his or her qualifications as the Board may prescribe." Individuals repeating the exam must wait forty-five days before retaking the exam. If a candidate must cancel the exam, the Board must receive notice in writing.

20. All applicants must answer Item #20. If you answered YES to this question, provide the requested information in the spaces provided. Example of additional licenses, certifications include: Licensed Practical Nurse, Emergency Medical Technician, etc. The phone number of the certifying/licensing body is requested. 20 a and 20 b relate to complaints or disciplinary action against the license/certification listed.
- 21-24. These questions are required by West Virginia law to be included on applications for licensure. You are not required to send in any information with the application when answering YES to these questions.
25. All applicants must answer Item #25 of the application by circling YES or NO. If you answered YES, please submit a letter of explanation along with copies of any documents you have regarding the incident(s).
26. All applicants must answer Item #26 of the application by circling YES or NO. If you answered YES to this questions submit a certified copy of all court documents pertaining to the felony or misdemeanor that you were convicted of or pled guilty to or pled Nolo Contendere. Attach these documents to the back of your application with a paper clip. Your application will not be considered complete until all requested documents have been received in the Board office. The Board may request additional information from you regarding any convictions. The applicant is to provide a letter of explanation regarding the conviction. If you have questions, please contact the Board office.
- 27-31. All applicants must answer Items #27-31 of the application by circling YES or NO. If the answer to questions #27-31 is YES, attach a letter to the back of this application. Your application will not be considered complete, nor reviewed for determination of eligibility status until all requested documents have been received in the Board office. The Board may request additional information, if indicated.
32. All applicants must answer Item #31 of the application by circling YES or NO. If you answered YES, please provide a letter of explanation with this application and contact the agency which governs your license or certification and have certified copies of all records regarding your "YES" answer sent directly to the Board office from the agency.
33. Affix IDENTIFICATION PHOTO in the space provided for the photo. This is a passport-style photo - must be a color, fade-proof photo 2x2 inches, sized such that the head is between 1 inch and 1 3/8 inch from the bottom of the chin to the top of the head. Photo must be taken within the last six months to reflect your current appearance, in full-face view directly facing the camera, with neutral facial expression and both eyes open. Head and neck only are required, with no part of the head or hair cut off by the edge of the photo.

EXAM APP Instructions

Signatures are required on the front of the photograph and are not to be across the face. Test applicants who are graduates of nursing education programs in the United States are to have the Dean/Director of your nursing education program sign their name on the front of your identification photograph at the **TOP** of the photo.

YOUR SIGNATURE IS REQUIRED ON THE **BOTTOM** OF THE IDENTIFICATION PHOTOGRAPH, AND IS TO BE SIGNED AT THE TIME THAT YOU HAVE YOUR APPLICATION NOTARIZED. THIS IS TO BE DONE IN THE PRESENCE OF THE NOTARY PUBLIC.

AFFIDAVIT:

After you have read and understood the statement in the Affidavit, sign the application in the presence of the Notary Public. At this time, the Notary Public will complete the portion requesting information about Notary's Commission, etc. Your application will not be considered complete if this portion has not been signed or notarized.

CERTIFICATION I:

After you have completed pages one through three of the application, submit your application to a responsible adult who has known you for a minimum of five years and can attest to your good moral character (refer to West Virginia Code §30-7-6.) This may be a work supervisor, a minister or priest, a faculty member in your nursing education program, etc. It is preferred that you seek out a non-family member.

CERTIFICATION II:

Applicants who are graduates of professional nursing education programs located in the United States are to submit the application to the Dean/Director of their nursing education program for completion of Certification II. This is to be done after all other portions of the application have been completed. Do not request that your Dean/Director complete this portion of the application prior to completion of the first three pages and Certification I.

FEE NOT REFUNDABLE

License Exam Application

WEST VIRGINIA BOARD OF EXAMINERS FOR
REGISTERED PROFESSIONAL NURSES
90 MACCORKLE AVE., SW, SUITE 203, SOUTH CHARLESTON, WV 25303
Phone: (304) 744-0900 Fax: (304) 744-0600
e-mail: rnboard@wv.gov web address: wvrnboard.wv.gov

1. NAME: _____
FIRST MIDDLE LAST

2. MAIDEN NAME: _____ 3. SOCIAL SECURITY NUMBER: _____

4. OTHER NAMES: _____
LIST ANY OTHER LEGAL NAMES YOU HAVE HAD

5. ADDRESS: _____
STREET OR P.O. BOX NUMBER

_____ CITY STATE ZIP

6. DATE OF BIRTH: _____
MM/DD/YYYY

7. PLACE OF BIRTH: _____
CITY STATE

8. U.S. CITIZEN (circle one) YES NO

9. GENDER (circle one) MALE FEMALE

10. MARITAL STATUS: (Circle One)
a. Single
b. Married
c. Divorced
d. Widow
e. Other (list) _____

11. RACE/ETHNIC ORIGIN (Circle One)
a. Caucasian (white)
b. African American (black)
c. American Indian or Alaskan Native
d. Asian or Pacific Islander
e. Hispanic
f. Other (list) _____
g. Other racial/ethnic group _____

12. PHONE NUMBERS: _____
Work Home

Provide numbers where you may be reached during the day.

13. EMAIL ADDRESS: _____

14. HIGH SCHOOL: _____
Name of High School City State

15. DATE OF GRADUATION: _____
MM/DD/YYYY

If you did not graduate from high school, provide General Education Development (G.E.D.) Info.

16. DATE OF G.E.D. _____ 17. SCORE: _____
MM/DD/YYYY

18. BASIC NURSING EDUCATION PROGRAM INFORMATION

- A. NAME OF PROGRAM: _____
SCHOOL NAME CITY STATE
- B. DEGREE TYPE: (circle one) Diploma Associate Baccalaureate
- C. DATE OF GRADUATION: _____ D. STUDENT ID # _____
MM/DD/YYYY
- E. SCHOOL CODE US _____

GRADUATES OF NURSING PROGRAMS IN FOREIGN COUNTRIES

- F. CGFNS CERTIFICATION NUMBER (IF APPLICABLE) _____

*SEE INSTRUCTIONS FOR INFORMATION RELATED TO TAKING THE EXAM GIVEN BY
THE COMMISSION ON GRADUATES OF FOREIGN NURSING SCHOOLS

GENERAL APPLICATION QUESTIONS

19. Have you previously taken the NCLEX-RN examination?
(Circle One) YES NO If yes, attach photocopies of all results
20. Do you hold or have held ANY OTHER professional or occupational licensure or certification?
(Circle One) YES NO If yes please provide the following information:

Type of License/Certification	Number Issued	Expiration	State	Phone Number to Verify
_____	_____	_____	_____	(____)____-_____
_____	_____	_____	_____	(____)____-_____
_____	_____	_____	_____	(____)____-_____

If you answer YES to either 20.a or 20.b Provide certified copies of related documents and a written narrative explaining the details of what happened.

20.a. Has a complaint ever been filed against the above listed license(s) or certification(s)?

(Circle One) YES NO

20.b. Has action ever been taken against the above license(s) or certification(s)?

(Circle One) YES NO

21. Do you have a child support obligation? (Circle One) YES NO
22. Do you have an arrearage that equals or exceeds the amount of child support payable for six (6) months? (Circle One) YES NO
23. Are you the subject of a child support subpoena or warrant? (Circle One) YES NO
24. Do you own all or part of a business that operates within West Virginia?
(Circle One) YES NO If YES, list the FEIN# _____.

WV Code §21A-2-6(18) provides that a board may not issue or renew a license for you to engage in the practice of a profession if you are in default under either the unemployment compensation laws or the worker's compensation laws, or under both laws of this State.

If answering YES to ANY of the questions below attach an explanation and certified copies of related court or Board documents if applicable. Traffic violations resulting in convictions must be reported. Please refer to the instructions on page 5. If you have questions, please contact the Board office at (304) 558 - 3596 to speak with someone in the Discipline Department.

25. Have you ever committed an act of academic dishonesty resulting in disciplinary action by the school?
(Circle One) YES NO
26. Have you EVER been convicted of a felony or a misdemeanor or pled nolo contendere to any crime. Speeding, parking, registration, no insurance, seatbelt violations do not have to be reported. All other violations must be reported.
(Circle One) YES NO
27. Have you ever or are you currently serving in a branch of the military?
(Circle One) YES NO
If so which branch _____.
A. Have you ever been discharged from a branch of the military with anything other than an honorable discharge?
(Circle One) YES NO If yes send explanation and DD214
28. Do you have any criminal charges currently pending in any state, territory or country?
(Circle One) YES NO
29. Have you ever or are you currently using illegal drugs?
(Circle One) YES NO
30. Is there any reason why your access to narcotics or substances of abuse should be restricted or limited?
(Circle One) YES NO
31. Do you currently possess any condition which may in any way impair your ability to practice or otherwise alter your behavior as it relates to the practice of registered professional nursing? If you answer yes attach a letter of explanation. Additional information may be requested if necessary.
(Circle One) YES NO

32. Attach an IDENTIFICATION PHOTO in the space provided. This photo is for identification purposes and should look as much as possible like you usually look. Place your signature on the front bottom of the picture. The Dean or Director of the nursing education program you completed must also sign the front of the picture.

FADE PROOF COLOR

PASSPORT PHOTO

HEAD AND NECK ONLY

NO NURSING CAPS OR
HATS IN THE PICTURE.
NO "GLAMOUR SHOTS"

****Photo must be signed **across the front of the picture** in the space around the face by the applicant and the director of the school of nursing completed. DO NOT mark across the face. The signatures must be on the picture with no part of the signature on the page below.

AFFIDAVIT

STATE OF _____ COUNTY OF _____

I, the undersigned, being duly sworn, according to law, do depose and say that I am the person whose photograph is attached hereto and who is referred to in the foregoing application; that the information supplied therein is true to the best of my knowledge; and that I have read and understand this affidavit. I understand that supplying false information on this application is ground for denial of licensure or disciplinary action against the license. **FURTHER:** I authorize the release of all documents compiled by any law enforcement agency pertaining to me to the Board upon the request of the Board or its agent. Said release includes records in existence as of this date, as well as those compiled at any time in the future.

Applicant Signature: _____

Subscribed and sworn to before me this _____ day of _____, 20____.

My commission expires on the _____ day of _____, 20____.

(SEAL) _____

Notary Signature

Notary Public in and for: County: _____ State: _____

MONEY NOT REFUNDABLE . APPLICATION AND FEE GOOD FOR ONE EXAM OR SIX (6)MONTHS

CERTIFICATION 1:

This is to certify that _____

(FULL NAME OF STUDENT)

is personally known to me, and that he/she is of **good moral character**; I have known him/her for _____ years (**Length of time must be at least five (5) years**). I hereby recommend him/her to the West Virginia Board of Examiners for Registered Professional Nurses pursuant to law.

Signature: _____ Position: _____ Date: _____

CERTIFICATION II: Refer to West Virginia Code Chapter 30, Article 7, Section 6.

TO BE COMPLETED BY THE DEAN/DIRECTOR OF THE NURSING PROGRAM COMPLETED

I hereby certify that _____ is/was a
student in _____ located in _____
(college, university or hospital school of nursing)

the city of _____, state of _____.

Date of admission _____ Expected Date of Graduation _____
Mo/Day/Yr Mo/Day/Yr

Length of Program _____

NCLEX - RN Program Code Number US _____ - _____

WV Code 30-7-11. Denial, revocation or suspension of license; grounds for discipline.

The Board shall have the power to deny, revoke or suspend any license to practice registered professional nursing issued or applied for in accordance with the provisions of this article, or to otherwise discipline a licensee or applicant upon proof that he or she:

- (a) Is or was guilty of fraud or deceit in procuring or attempting to procure a license to practice registered professional nursing; or
- (b) Has been convicted of a felony; or
- (c) Is unfit or incompetent by reason of negligence, habits or other causes; or
- (d) Is habitually intemperate or is addicted to the use of habit-forming drugs; or
- (e) Is mentally incompetent; or
- (f) Is guilty of conduct derogatory to the morals or standing of the profession of registered nursing; or
- (g) Is practicing or attempting to practice registered professional nursing without a license or reregistration; or
- (h) Has wilfully or repeatedly violated any of the provisions of this article.

Are you aware of any conduct which would violate §30-7-11 relative to this applicant?

(Circle One) YES NO If yes, please attach documents related to the event(s)

Are you aware of any discipline for academic dishonesty relative to this applicant?

(Circle One) YES NO If yes, please attach documents related to the event(s)

Do you have reason to believe this applicant violated provisions of WV CSR 19-9-5.

(Professional Misconduct) and have you reported this to the West Virginia Board of Examiners for Registered Professional Nurses? (Circle One) YES NO If yes, attach explanation

I hereby verify that this applicant successfully completed this program and recommend them to the West Virginia State Board of Examiners for Registered Professional Nurses pursuant to law.

I was _____ was not _____ Director when applicant was a student.

Signature _____ Date _____

(School Seal)

All applicants must submit fingerprints for a state and federal criminal background check. Instructions are provided with this application.

THIS IS A BLANK PAGE

IF YOU ANSWERED A QUESTION WHICH REQUIRES AN EXPLANATION OF EVENTS, YOU MAY USE THIS PAGE TO PROVIDE THE NARRATIVE.

Criminal Background Check Directions

Dear Applicant:

You are required to submit fingerprints for a state criminal background check and a federal criminal background check in order to complete the application for the exam.

In State Applicants

- To schedule an appointment, go to www.identoGo.com.
- Select search for services by state.
- Choose West Virginia
- Make a new appointment
- Type of background check WV RN Board
- Write down your confirmation number and take it with you to your appointment.
- You may pay for your background checks when you register.
- State and federal background checks are now all electronic. It will take 2 - 3 business days for the West Virginia Board of Examiners for Registered Professional Nurses to receive the results. Direct all questions regarding the process to IdentoGo by MorphoTrust USA Enrollment Services at 855-766-7746.

Out of State Applicants

- You will need to submit a West Virginia state and federal background check by completing the instructions for in state applicants.
- In addition, you will be required to submit a state background check from your state of residency.
- Contact the local authorities in your current state of residency for instructions on how to submit to a state background check in your state.

The criminal background check information can be submitted to the Board up to 12 months prior to graduation.

If you have any questions email them to rnboard@wv.gov.

Thank you.

The West Virginia Board of Examiners for Registered Professional Nurses

REVISED 3/2/17